

Integration and innovation in aged care organisations:  
Three studies in New South Wales

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### **CERTIFICATE OF ORIGINAL AUTHORSHIP**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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## **TABLE OF CONTENTS**

CHAPTER 1 – Introduction and chapter overview	1
1.1. Background	1
1.2. Why start here?	2
1.3. The context	3
1.4. Conceptual framework	6
1.5. Overview of chapters	8
CHAPTER 2 – Aged care services in Australia	13
2.1. Background	13
2.2 Size and composition of the aged care population	15
2.3 Who provides care for older people?	17
2.3.1. Informal care	18
2.3.2. Formal care	19
2.3.2.1. Understanding the numbers	21
2.4. Public financing of aged care	22
2.5 Private contributions to aged care	24
2.5.1 Community care contributions.	24
2.5.2 Residential care contributions	25
2.6 Access to aged care services	26
2.7 Overview of reforms	28
2.7.1 Consolidating the public financing system	29
2.7.2. Improving the continuum of care	30
2.7.3 Responding to consumer preferences	30
CHAPTER 3 – Literature review	32
3.1. Introduction and search strategy	32
3.2. Literature on integrated care	34
3.2.1. Definition	34
3.2.2. Aims and goals of integrated care	37
3.2.2.1 Care recipient (client) goals	39
3.2.2.2 Provider goals	39
3.2.2.3 Payer Goals	40
3.2.3. The array of services in the complete continuum of care	40
3.2.4. Processes and mechanisms needed to achieve integration	43
3.2.4.1. Inter-entity management and structure	45
3.2.4.2. Integrated care management processes	48
3.2.4.3. Information sharing processes	55
3.2.4.4. Integrated financing	59
3.2.5. Conclusion	64
3.3. Diffusion of innovation literature	65
3.3.1. Overview	65
3.3.2. Characteristics of the innovation	68
3.3.2.1 Definition of innovation	68
3.3.2.2. Key innovation attributes	69

3.3.2.3 Key attributes within the health services organisation context	72
3.3.3. Characteristics of individual adopters	75
3.3.4. Characteristics of organisational adopters	78
3.3.5. The adoption process	80
3.3.6. Broader context	81
3.3.7. Conclusion	82
CHAPTER 4 – Methods	83
4.1. Overview	83
4.2. Research questions	84
4.3. Theoretical frameworks	85
4.4. The three study designs	90
4.4.1. Study 1: Multinomial logistic regression modelling	90
4.4.1.1. Study population	90
4.4.1.2. Data sources	91
4.4.1.3. Research procedures	91
4.4.2. Study 2: Staff survey of the culture of innovation	98
4.4.2.1. Study population	98
4.4.2.1.1. Recruitment strategies	99
4.4.2.2. Data	99
4.4.2.3. Research procedures	100
4.4.3. Study 3: Semi-structured focus groups and interviews with staff from innovative providers and government officials	103
4.4.3.1. Study populations	104
4.4.3.2. Data from semi-structured focus groups and informal interviews.	104
4.4.3.3. Research procedures	105
4.5. Ethical considerations	112
4.6. Summary	113
CHAPTER 5 – Descriptive analysis by service and by provider organisation	115
5.1. Background	115
5.2. The Data	117
5.2.1. Terms and definitions	118
5.2.2. Limitations	119
5.2.3. Refinements for service provider level analysis	121
5.2.3.1. The unit of analysis is different	121
5.2.3.2. A subsample of the original data base is used	121
5.2.3.3. Refinements or additions have been made to the data	121
5.3. Description of services	122
5.3.1. Overview by local planning area	122
5.3.2. Sponsorship type: Government and Non-government	124
5.3.3. Service integration	125
5.4. Descriptive analysis of service providers	128
5.5. Conclusions and next steps	131

CHAPTER 6 – Factors Associated with Integrated Care Structures	142
6.1. Background	142
6.2. Results	146
6.2.1. Main model Main Model (Model 1).	146
6.2.2. HACC model (Model 2) and Community packages model (Model 3)	148
6.2.3. Residential model results (Model 4)	149
6.3 Discussion	150
CHAPTER 7 – Culture of Innovation Survey Results	163
7.1. Overview	163
7.2. Descriptive analysis	165
7.3. Factor analysis	167
CHAPTER 8 – Provider Focus Groups and Stakeholder Interviews	173
8.1. Overview	173
8.2. Provider Focus Groups	174
8.2.1. Perceived differences in non-profit and for-profit providers	174
8.2.2. Size matters – the importance of being part of a larger organization	177
8.2.3. Community care capacity	179
8.2.4. Integrated service structures as an innovation	180
8.2.5. Contracting with the NSW State and Australian Governments	181
8.2.6. Leadership and support for innovation	184
8.3. Discussions with government policy and planning officials	185
8.4. Conclusions	189
CHAPTER 9 –Discussion and policy recommendations	193
9.1 Discussion	193
9.1.1. Rural/urban differences and the role of government provision of Care	194
9.1.2. Market dominance by a few provider organisations	195
9.1.3. Limitation of defining management structure as an innovation	196
9.1.4. Care management and information systems	197
9.1.5. The critical role of integrated financing	198
9.1.6. Current policy environment	200
9.2. Policy recommendations	202
9.3. Points of reflection	204
9.3.1. Descriptive and multivariate regression analysis on secondary data	204
9.3.2. Descriptive and factor analysis on a “Culture of Innovation” survey	205
9.3.3. Provider focus groups and semi-structured interviews	206

## APPENDICES

1 - Process and decisions in creating the NSW Community Aged Care Provider Capacity Database	207
2 - Provider recruitment materials	212
3 - Culture of Innovation Survey	216
4 - Provider focus group interview protocols	219
5 – Focus group and other interviewee demographics	223
6 – Ethics approval	224

## LIST OF FIGURES

1.1: Daily and Episodic Needs	3
1.2: Integrated Aged Care Service Systems Framework	7
2.1: Care setting of severely/profoundly disabled aged 65+ years	17
2.2: Public aged care spending, \$12.9B (2012-13), selected programs	24
3.1: The Diffusion S-Curve	76
7.1: Culture of Innovation Survey Strategy	164
8.1: Provider Focus Groups	173

## LIST OF TABLES

1.1: The Major Aged Care Programs in Australia	4
2.1: Summary of major aged care programs in Australia	19
2.2: Aged care packages & residential care places and recipients	22
2.3 Daily government subsidies for residential and community programs	24
5.1: Descriptive Overview of Local Planning Areas	133
5.2: Service Provider Characteristics	134
5.3: Market Dominance in Local Planning Areas	135
5.4: Services and Funding by Government type	137
5.5: Typology of NSW aged care services	126
5.6: Services by integration category	138
5.7: Integration by Government type	139
5.8: Non-government service providers by structural integration group	129
5.9: Descriptive statistics by provider structure	140
5.10: Descriptive statistics by provider structure	141
6.1: Non-government organizations by structural integration group	144
6.2: Definitions and sources of dependent and independent variables	153
6.3: Means of independent variables by category of dependent variable	154
6.4: Model 1 parameter estimates for independent variables	155
6.5: Model 1 marginal effects relative to a base case	156
6.6: Model 2 parameter estimates for independent variables	157
6.7: Model 2 marginal effects relative to a base case	158
6.8: Model 3 parameter estimates for independent variables	159
6.9: Model 3 marginal effects relative to a base case	160
6.10: Model 4 parameter estimates for independent variables	161
6.11: Summary of direction and significance for variables in 4 Models	162
7.1: Culture of Innovation Survey Results	170
7.2: Culture of Innovation Survey Results by Staff type	171
7.3: Factor Analysis Table for Characteristics of Highly Innovative Organisations	172
BIBLIOGRAPHY	225

## GLOSSARY

*Aged Care Assessment Team (ACAT)* – A multidisciplinary team of health professionals responsible for determining the care needs and services an individual may require.

*Ageing, Disability and Home Care (ADHC)* – is part of the New South Wales Department of Family and Community Services. ADHC is responsible for providing services and support to older people, people with a disability, their families and carers. (See also Department of Ageing, Disability and Home Care.)

*Commonwealth*—the Australian Federal Government is often referred to as the Commonwealth.

*Community Aged Care Package (CACP)* – Individually planned and coordinated packages of care tailored to help older Australians with low-level care needs to remain living in their homes. They are funded by the Australian Government and have been replaced with Home Care Packages Level 2 as of August 2013.

*Consumer-directed care (CDC)* – An approach to care that allows people to have greater choice and control over the care and support services they receive, to the extent that they are capable and wish to do so. The concept of “choice” in CDC varies, and can include allowing people to make choices about the types of care services and benefits they access, the delivery of those services and benefits, or choice of service provider.

*Council of Australian Governments (COAG)* – Is an organisation consisting of the federal government, the government of the six states and two mainland territories and the Australian Local Government Association.

*Department of Ageing Disability and Home Care (DADHC)* – DADHC was created to bring together support and services for older people, people with a disability and their families and carers in New South Wales (NSW). It was the department in the NSW that was responsible for the Home and Community Care (HACC) program before Australian federal government takeover. DADHC is now called ADHC and is one of the agencies within the Department of Family and Community Services (see above).

*Department of Health and Ageing (DOHA)* – the Federal agency responsible for aged care and ageing policy and programs including residential care and package programs. Responsibility for aged care and ageing recently moved to the Department of Social Services.

*Extended Aged Care in the Home (EACH) packages* – Individually planned and coordinated packages of care, tailored to help frail older Australians with high levels of care needs to remain at home. They are funded by the Australian government and have been replaced with Home Care Packages Level 3 on August 2013.

*Extended Aged Care in the Home Dementia (EACH-D) packages* – An EACH package with a higher level of funding to provide additional care at home for people with dementia. They were replaced by Home Care Packages Level 4 on August 2013.

*High care* – the care that is provided for people who have been assessed by an



ACAT and need almost complete assistance with most daily living activities. It includes accommodation services as well as person care. Medical needs are managed by nursing staff. The high care/low care distinction is eliminated as of July 1, 2014.

*Home and Community Care (HACC)* – A program which provides a comprehensive, coordinated and integrated range of basic maintenance and support services to help people maintain their independence at home and in the community. HACC was a joint Australian federal and state and territory government initiative until [date]. It is replaced with Home Care Packages Level 1.

*Low care* – the care that is provided for people who have been assessed by an ACAT and need services such as meals, laundry and cleaning, as well as additional help with personal care. Nursing care may be provided if required.

*New South Wales, State of (NSW)* – The most populous (approximately 7 ½ million persons) of Australian states whose capital is in Sydney. It is located in the southeast part of the country.

*Productivity Commission*— is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role is to help governments make better policies in the long-term interest of the Australian community focusing on achieving a more productive economy.

## ABSTRACT

*"The Ultimate answer to Life, the Universe and Everything is...  
(You're not going to like it...)  
Is.....42"*

---Douglas Adams' *The Hitchhikers Guide to the Galaxy* (1981)

Like "42" in *The Hitchhikers Guide*, one might be led to believe that integrated care is the ultimate answer to the failings of many health and supportive care systems: namely, poor coordination of services and benefits, cost shifting, and frustration for users in accessing services they need when they need them. Policymakers, planners, researchers, and providers have long promoted integrated care as a goal, especially for people with complex, long-term problems; yet few providers have moved in this direction. This thesis aims to contribute to the ongoing interest in integrated care by investigating both the factors associated with adoption of integrated aged care delivery structures and, more generally, the other mechanisms that have been adopted by aged care providers to integrate aged care services across community and residential settings. To investigate these topics, three separate but complementary studies were conducted in New South Wales (NSW).

From the data, it was found that in NSW, of the 619 aged care service providers studied, only six percent adopted formal shared management structures of integrated service delivery; although some others created alternative informal structures or brokerage arrangements to offer a continuum of care. In the first study, multinomial logistic regression models were used to explore what internal (tax status, chain, size) and external factors (planning region, urban/rural) were associated with a provider's formation of an integrated aged care structure—that is to say, a structure where the range of services from supportive home care services through to residential care are all offered under the same management structure. Care providers that are part of a common sponsor (or 'chain'), who are non-profit, and have greater capacity in HACC services, package size and, to a lesser extent, residential bed size, are more likely to offer integrated care across the full array of services available in NSW.

Second, by conducting an online survey on the culture of innovation in a subset of eight aged care providers, a factor analysis revealed that senior leadership plays the key role in promoting innovation and that direct supervisor support was necessary for trying new ideas regardless of whether the idea succeeds or fails.

Finally, focus group insights about paths toward integrated structure were sought. Some providers under-appreciated certain integration mechanisms: while an organisation offering the full array of care under a shared management structure has the capacity to offer integrated care, without other integrating mechanisms (consolidated finance, care coordination, and IT), this capacity is perceived to be limited as to its true innovativeness. So, shared management structures (e.g. shared risk and infrastructure) are less obvious to providers than the advantages associated with the other three integrating mechanisms. Another finding was that different kinds of providers attribute successes to different things:

non-profit organisations perceive this to be the ability to cross-subsidise from certain programs (especially packaged care). The opportunities for this distribution of risk grow with the size of the organization. Shared infrastructure and learning also characterise larger organizations. In contrast, smaller organisations attribute their success to being nimble and responsive to their community.

Australia is poised to create new opportunities for integrated care following policy changes and investments in mechanisms necessary to support it (i.e., consolidated financing, care coordination and information systems). The keys to success are to appreciate that local conditions will drive what the integrated care model looks like and to manage expectations about what sorts of improved outcomes may be achieved, keeping them in line with the completeness of the model utilised.